

Application Data Sheet**Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	N/A
CD-ROM or CD-R?::	None
Sequence submission?::	Paper
Computer Readable Form (CRF)?::	Yes
Number of copies of CRF::	1
Title::	METHODS AND AGENTS FOR TREATING AXONAL DAMAGE, INHIBITION OF NEUROTRANSMITTER RELEASE AND PAIN TRANSMISSION, AND BLOCKING CALCIUM INFLUX IN NEURONS
Attorney Docket Number::	02420/100M761-US1
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	6
Total Drawing Sheets::	20
Small Entity?::	No
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Dan
Middle Name::	P.
Family Name::	Felsenfeld
City of Residence::	New York
State or Province of Residence::	NY
Country of Residence::	US
Street of mailing address::	158 W. 88th Street, #2

City of mailing address:: New York
State or Province of mailing address:: NY
Postal or Zip Code of mailing address:: 10024

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Maria
Middle Name:: A.
Family Name:: Diverse-Pierluissi
City of Residence:: New York
State or Province of Residence:: NY
Country of Residence:: US
Street of mailing address:: 215 E. 95th Street, #26L
City of mailing address:: New York
State or Province of mailing address:: NY
Postal or Zip Code of mailing address:: 10128

Correspondence Information

Correspondence Customer Number:: 07278

Representative Information

Representative Customer Number:: 07278

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/US04/19934	06/21/04
PCT/US04/19934	An application claiming the benefit under 35 USC 119(e)	60/480,092	06/19/03
PCT/US04/19934	An application claiming the benefit under 35 USC 119(e)	60/544,798	02/13/04

Foreign Priority Information

Assignee Information

Assignee name:: Mount Sinai School of Medicine of New York
University
Street of mailing address:: One Gustave L. Levy Place
City of mailing address:: New York
State or Province of mailing address:: NY
Postal or Zip Code of mailing address:: 10029